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		Application Number	09/931,629					
TRANS	MITTAL	Filing Date	08/16/200	08/16/2001				
FO	RM	First Named Inventor	Steve God	Steve Goodman				
		Art Unit	2131	2131				
(to be used for all correst	oondence after initial filing)	Examiner Name	Chai, Long	Chai, Longbit				
Total Number of Pages in	18	Attorney Docket Number	RPS92001	RPS920010046US1				
	ENC	CLOSURES (Check a	all that apply	y)				
Extension of Time  Express Abandoni  Information Disclosi  Certified Copy of F Document(s)  Reply to Missing F Incomplete Applica  Reply to M	declaration(s) Request ment Request sure Statement Priority Remains	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Carks	e Address	Copy	Appea of App Appea (Appea Propri Status Other below	Allowance Communication to TC  Il Communication to Board leals and Interferences  Il Communication to TC  Il Notice, Brief, Reply Brief) letary Information  Letter  Enclosure(s) (please Identify)  Declaration; Return Postcard		
	SIGNATURE	OF APPLICANT, ATT	ORNEY, C	OR AG	ENT			
Firm Name Winstea	ad Spehrest & Minick P.C.							
Signature								
Printed name Kelly/K.	Kordzlk				_			
Date 03/07/2	006		Reg. No.	36,571				
I hereby certify that this co sufficient postage as first o VA 22313-1450 on the dat	orrespondence is being fact	CATE OF TRANSMIS simile transmitted to the USP ddressed to: Mail Stop Amer	TO or depos	sited with	the Un	ited States Postal Service with atents, P.O. Box 1450, Alexandria,		
Signature .	T	mi Sta	nly	_				
Typed or printed name	Toni Stanley		1	·	Date	03/07/2006		

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500; \$110 check

Complete if Known					
Application Number	09/931,629				
Filing Date	08/16/2001				
First Named Inventor	Steve Goodman				
Examiner Name	Chai, Longbit				
Art Unit	2131				
Attorney Docket No.	RPS920010046US1				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
	edit Car		oney Order	EXTRA CLAIM FEES     Fee Description     Each claim over 20     Each independent claim over	3	Fee (\$ 50 200	25 100	
Deposit Account Number	50-353	33		Multiple dependent claims For Reissues, each claim over	r 20 and		180	
Deposit	enovo,	Inc.		more than in the original pa For Reissues, each independe more than in the original pa	ent clain	50 n 200	25 100	
The Director is hereby	y authoriz	ed to: (check all	that apply)	Total Claims Extra Cl	<u>aims</u>	Fee (\$)	Fee Paid (\$)	
Charge fee(s) in	ndicated !	below - only app	eal brief fee	- 20 or HP = HP = highest number of total claims	paid for, i		20	
Charge any add	ditional fe	below, except for ee(s) or underpay	•	Indep. Claims Extra C	<u>laims</u> x	Fee (\$)	<u>Fee Paid (\$)</u> =	
under 37 CFR	1.16 and	1.17		HP = highest number of independen	ıt daims p			
Credit any overpayments				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	
to the above–identified deposit account.				Subtotal (2) \$				
Other (please identif	y):	<del></del>		3. OTHER FEES		Small Entit	ty	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				1-month extension of time	Fee (\$) 120	<b>Fee (\$)</b> 60	Fee Paid(\$) 110	
FEE C	ALCULA	TION		2-month extension of time	450	225	<del></del> .	
1. BASIC FILING FEE				3-month extension of time	1,020			
		Small Entity	5-:-(6)	4-month extension of time	1,590	795		
Fee Description	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee Paid(\$)	5-month extension of time	2,160	1,080		
Utility Filing Fee	790	395		Information disclosure stmt. fee	180	180		
Design Filing Foo	250	175		37 CFR 1.17(q) processing fee	50	50		
Design Filing Fee	350	175		Non-English specification	130	130		
Plant Filing Fee	550	275		Notice of Appeal	500	250		
Reissue Filing Fee	790	395		Filing a brief in support of appeal	1 500	250	500	
Reissae i iiiig i to	,,,,	373		Request for oral hearing	1,000	500		
Provisional Filing Fee	160	80		Other:				
	Subtr	otal (P) \$		Sul	btotal	(3) \$ 500	0/\$110 cheœi	

SUBMITTED BY		. /	$\overline{Z}$				
Signature	A		$\overline{}$		 Registration No. (Attorney/Agent)	36.571	Telephone 512.370.2851
Name (Print/Type)	Kell	y K. K	/ord	zjk			Date 3-7-06

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